



**COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF PUBLIC SAFETY**  
**APPLICATION FOR A VARIANCE FROM 520 CMR 6.00**

Please send application to:  
Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

Any person who believes that full compliance with 520 CMR 6.00 is overly burdensome may apply to the Department for a variance from 520 CMR 6.00. The burden is on the applicant to demonstrate in writing to the Department that the granting of the variance would not compromise public safety or otherwise undermine the purpose of 520 CMR 6.00, pursuant to 520 CMR 6.13.

Full Name: \_\_\_\_\_ Hoisting License: \_\_\_\_\_  
(first name) (middle Initial) (last name)

Mailing Address: \_\_\_\_\_  
(P.O. Box or Street) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please state each section of the regulation for which a variance is being sought:

520 CMR 6. \_\_\_\_\_ 520 CMR 6. \_\_\_\_\_ 520 CMR 6. \_\_\_\_\_ 520 CMR 6. \_\_\_\_\_

The applicant must complete the form and provide documentation that demonstrates that the granting of the variance would not compromise or otherwise undermine the purpose of 520 CMR 6.00

Please provide an explanation below for the request of a variance: (Please attach additional pages if necessary)

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Is there documentation that supports the variance attached to this request? ☐ YES ☐ NO

**CERTIFICATION:**

I hereby certify under the penalty of law that this document and all attachments to the best of my knowledge are true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date